

**KENTUCKY AIDS DRUG ASSISTANCE PROGRAM**  
February 1, 2010

**ANTIRETROVIRAL THERAPY**

**Nucleoside/Nucleotide Analogs**

abacavir (Ziagen)  
 abacavir-lamivudine (Epzicom)  
 abacavir-lamivudine-zidovudine (Trizivir)  
 didanosine (ddI, Videx, Videx EC)  
 emtricitabine (Emtriva)  
 emtricitabine-tenofovir (Truvada)  
 lamivudine (3TC, Epivir)  
 lamivudine-zidovudine (Combivir)  
 stavudine (d4T, Zerit)  
 tenofovir (Viread)  
 zidovudine (AZT, Retrovir)

**Protease Inhibitors**

amprenavir (Agenerase)  
 atazanavir (Reyataz)  
 darunavir (Prezista)\*  
 fosamprenavir (Lexiva)  
 indinavir (Crixivan)  
 lopinavir-ritonavir (Kaletra)  
 nelfinavir (Viracept)  
 ritonavir (Norvir)  
 saquinavir (Invirase)  
 tipranavir (Aptivus)\*

**Non-Nucleoside Reverse Transcriptase Inhibitors**

delavirdine (Rescriptor)  
 efavirenz (Sustiva)  
 nevirapine (Viramune)  
 etravirine (Intelence)\*  
**Multi-Class Antiretroviral Agent**  
 efavirenz-emtricitabine-tenofovir (Atripla)  
**Fusion Inhibitor**  
 enfuvirtide (Fuzeon, T-20)\*  
**Entry Inhibitor**  
 maraviroc (Selzentry)\*  
**Integrase Inhibitor**  
 Raltegravir (Isentress)\*

\* Requires pre-authorization: call 1-866-510-0005 for required forms.

**OPPORTUNISTIC INFECTIONS**

acyclovir  
 atovaquone\*\*  
 azithromycin ◀  
 ciprofloxacin  
 clarithromycin  
 clotrimazole  
 dapsone  
 doxycycline  
 ethambutol

isoniazid  
 itraconazole\*\*\*  
 ketoconazole ▲  
 leucovorin  
 nystatin  
 paramomycin  
 primaquine  
 fluconazole ●  
 Mepron ▶

pyrimethamine  
 rifabutin  
 rifampin/rimactane  
 sulfadiazine  
 sulfamethoxazole-trimethoprim  
 trimethoprim  
 valganciclovir

\*\*Requires pre-authorization. Available only for insured patients or through Bridges To Access for patients 250% below FPL

◀ Available only in 250mg tablets

\*\*\*Only covered for uninsured patients and only in capsule form. Available through Johnson & Johnson's PAP, Wyeth's PAP & KPC

▲ Available in cream form only

▶ Requires pre-authorization, Insured Patients Only

● Available only in 100mg & 200mg tablets. Available through Pfizer's PAP and KPC

**ANTIBIOTICS**

amoxicillin

cephalexin

paromomycin

**OTHER RELATED CONDITIONS**

**Vaccines**

Hepatitis A Vaccine  
 Hepatitis B Vaccine  
 Hepatitis A and B Vaccine

**Wasting Syndrome**

megestrol acetate  
 Available only in 40mg tablets.  
 Requires pre-authorization for long term use (more than six months)

**Other**

Immodium (Generic Form)  
 promethazine HCl  
 Prenatal Vitamins